Type: M.Car / M.Cycle / Bus / Van / Lorry / Oki / Prime Mover /  To Inspect Vehicle No:  at Workshop m/s  or  Insured SFH Shl 3 R  Policy No. 50 7 988 3681 - 01 080517 - >80418 C/No:  Claims No. WT/0 7 7 329 - 002  Sum Insured:  (Cilient's Record)  Make of Veh.  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value  (DAC Accident Rport: Consistent?: Yes or No. Reading Truck / Trailer or Make.  Truck / Trailer or  Truck / Trailer or  A.C. Insued / Std / NI / NA  Sp. Reading Truck / Trailer or  Truck / Trailer or  A.C. Insued / Std / NI / NA  Sp. Reading Truck / Trailer or  A.C. Insued / Std / NI / NA  Eng/No  C/No: KAHLB KI UMBU 05 2 6 4-0  Gen. Cond. Good / Fam) / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Modi: NII / Size F: 205 / 6 a R / 6  R:  Tyre Size F: 205 / 6 a R / 6  R:  Ball or Market Value  IDAC Accident Rport: Consistent?: Yes or No  R/Ball 7 mm. R.Ball 7 mm.		ASSIGNMENT
Truck/Trailer of Hym. Ja. 74% ac   1660   1680   16	From Date	Veh No SH(3610 J Yr Regn Mar 2014
To inspect Vehicle No. at Workshop mis of of AC insufed Islat Ni I Na Sp. Recong Transl Insufed Islat Ni I Ni I Ni Sp. Recong Transl Insufed Islat Ni I Ni Sp. Recong Transl Islat Transl Insufed Islat Ni I Ni Sp. Recong Transl Islat Transl Insufed Islat Ni I Ni Sp. Recong Transl Islat Transl Insufed Islat Ni I Ni Sp. Recong Transl Islat Transl Insufed Islat Ni I Ni Sp. Recong Transl Islat Transl Insufed Islat Ni I Ni Sp. Recong Transl Islat Transl Insufed Islat Ni I Ni Sp. Recong Transl Islat Transl Insufed Islat Ni I Ni Sp. Recond Transl Islat Transl Insufed Islat Ni I Ni Sp. Recond Transl Islat Transl Isl	Estimated Cost.	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
SPH 8013 R Policy No. 50 7188 5681-01 080517-280111 Consistency (Policy Condition)  Make of Veh.  Sall or Market Value  GA / FR Seen:  COnsistency 'Yes or No  GLA / FR Seen:  COnsistency 'Yes or No  State / Fr Seen:  Consistency 'Yes or No  Consistency	OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Sent and Control of Co
SPH 8013 R Policy No. 50 7188 5681-01 080517-280111 Consistency (Policy Condition)  Make of Veh.  Sall or Market Value  GA / FR Seen:  COnsistency 'Yes or No  GLA / FR Seen:  COnsistency 'Yes or No  State / Fr Seen:  Consistency 'Yes or No  Consistency	To Inspect Vehicle No:	Make Hyundar 240 00 1685
Insured SFH 8N3 R Policy No. 50 7488368 - 01 080517 - 280418 Claims No. MT 0474329 - 002  Sum insured Excess:  (Clients Record) Make of Veh.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Sall or Market Value  (DOAC Accident Rport:  Gal / PR Seen:  Consistent? Yes or No  Est Repairs:  days:  Res:  Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted  Date:  Person Contacted  Date:	at Workshop m/s	Goldur Ale Insu@d / Std / NI / NA
Claims No	of	Sp Reading T Radio Insert / Std / NI / NA
Claims No MT 0 T H 3 2 9 - 02  Sum Insured: Excess: Steering Inorder Jammed / Leaked / Burnt or Steering Inorder Jammed / Leaked / Burnt or Modi: Nil / Sirim / STO Jammed / Leaked / Burnt or Modi: Nil / Sirim / STO Jammed / Leaked / Burnt or Modi: Nil / Sirim / STO Jammed / Leaked / Burnt or Modi: Nil / Sirim / STO Jammed / Leaked / Burnt or Modi: Nil / Sirim / STO Jammed / Leaked / Burnt or Modi: Nil / Sirim / STO Jammed / Leaked / Burnt or Modi: Nil / Sirim / STO Jammed / Leaked / Burnt or Modi: Nil / Sirim / Sto Jammed / Leaked / Burnt or Modi: Nil / Sirim / Sto Jammed / Leaked / Burnt or Modi: Nil / Sirim / Sto Jammed / Leaked / Burnt or Modi: Nil / Sirim / Sto Jammed / Leaked / Burnt or Modi: Nil / Sirim / Sto Jammed / Leaked / Burnt or Modi: Nil / Sirim / Sto Jammed / Leaked / Burnt or Modi: Nil / Sirim / Sto Jammed / Leaked / Burnt or Modi: Nil / Sirim / Sto Jammed / Leaked / Burnt or Modi: Nil / Sirim / Sto Jammed / Leaked / Burnt or Modi: Nil / Sirim / Sto Jammed / Leaked / Burnt or Modi: Nil / Sirim / Sto Jammed / Leaked / Burnt or Modi: Nil / Sirim / Sto Jammed / Leaked / Burnt or Modi: Nil / Sirim	Insured SFH 8613 R	Eng/No
Claims No. MT 0 47 4329 - 002  Sum Insured: Excess: Steering: Inorder Jammed / Leaked / Burnt or Steering: Inorder Jammed / Leaked / Burnt or Mode: Nil / Sirkin / STOCKRim or Tyre Size F: 205 / 6a R / 6  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value  IDAC Accident Rport: Consistent? Yes or No  GLA / PR Seen: Consistent? Yes or No  Est Repairs: days: Res: Yes or No  Lum Sum: 6, 3 Val: Yes or No  CA / REV / REP. / 24 HRS  Described: Ni / Out  Date: Person Contacted: Ni / Out  Date: Person Contacted: Ni / Out  Date: Person Contacted: Ni / Out  Date: Time Action / Instruction  SHC 36/13 - CC.3 / III   Out 38/14 / Io / I	Policy No. 50 7488 368 (-01 080517 -	-280418 CNO: KAHLBKIUMEY 052670
Steering Inorty Jammed Leaked / Burnt or  (Client's Record)  Make of Ven.  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Sal or Market Value  (DAC Acodent Rport: Consistent? Yes or No GIA / PR Seen: Consistent? Yes or No CLum Sum: % 3 Val; Yes or No CLum Sum: % 3 Val; Yes or No CA / REV / REP. / 24 HRS  Date Person Contacted  Date Time Action / Instruction  SHC 35103 - CC3/TIM ROUND 384/10/N/23.51  CAR SH Sh Sh Report  RECEIVED 2 2 000 2017  Add Fee: Site Insp  Site Insp  Site Insp  Stream / Site Insp  Stream / Site Insp  Survey Fee Tensor Stream / Soly Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  Prost Stream / Soly Stream / Soly Structure affected due to collision  RECEIVED 2 2 000 2017  Add Fee: Site Insp	Claims No. WT/0974329-002	
Modi: Nil / Sirkim / STOCKRim or Tyre Size F: 205/60 R16 R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Work / Liza / Mic / OHTSU / PIR / SUMI / TOYO / YOKO or Work / Mic / OHTSU / PIR / SUMI / TOYO / YOKO or Work / Liza / Mic / OHTSU / PIR / SUMI / TOYO / YOKO or Work / Mic / OHTSU / PIR / SUMI / TOYO / YOKO or Work / Mic / OHTSU / PIR / SUMI / TOYO / YOKO or Work / Liza / Mic / OHTSU / PIR / SUMI / TOYO / YOKO or Work / Liza / Mic / OHTSU / PIR / SUMI / TOYO / YOKO or Work / Mic / OHTSU / PIR / SUMI / TOYO / YOKO or Work / Mic / OHTSU / PIR / SUMI / TOYO / YOKO or Work / Mic / OHTSU / PIR / SUMI / TOYO / YOKO or Work / Mic / OHTSU / PIR / SUMI / TOYO / YOKO or Work / Mic / OHTSU / PIR / SUMI / TOYO / YOKO or Work / Mic / OHTSU / PIR / SUMI / TOYO / YOKO or Work / Mic		Steering: Inorder / Jammed / Leaked / Burnt or
Tyre Size   F:   205/60 R/6	(Client's Record)	Brake: Inord Jammed / Leaked / Burnt or
Remark: The veh had commenced its repair at the time of inspection.   Remark: The veh had commenced its repair at the time of inspection.   NIS OIS	Make of Veh.	Modi: Nil / S/Rim / STOS/Rim or
Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value  IDAC Accident Rport  GIA / PR Seen:  Consistent? Yes or No  Est Repairs:  days Res.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted  Date / Time  Action / Instruction  Action / Instruction  Person Contacted  Date / Time  Action / Instruction  Action / Instruction  Date / Time  Action / Instruction  Action / Instruction  Action / Instruction  Action / Instruction  Date / Instruction  Action / Inst		Tyre Size F: 205/60R16
repair at the time of inspection.  Ball or Market Value  Ball or M	(Palicy Condition)	
Ball or Market Value  IDAC Accident Rport  Consistent? Yes or No  GIA / PR Seen:  Consistent? Yes or No  Est. Repairs:  days Res: Yes or No  Lum Sum:  96 3 Val: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted  Vehicle: IN / OUT  Date / Time	Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Ball or Market Value  IDAC Accident Rport  Consistent? Yes or No  GIA / PR Seen:  Consistent? Yes or No  Est. Repairs:  days Res: Yes or No  Lum Sum:  96 3 Val: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted  Vehicle: IN / OUT  Date / Time	repair at the time of inspection.	TOYOTYOKO or West lake
DAC Accident Rport   Consistent?   Yes or No   Ribal   Time   Ri	Bal. or Market Value	Front Rear
Est. Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: Vehicle: IN / OUT  Date / Time	IDAC Accident Rport: Consistent? : Yes or No	2
CA I REV I REP. I 24 HRS  Date: Person Contacted Vehicle: IN / OUT  Date: Person Contacted The U/C I Chassis frame / Body Structure affected due to collision  Fig. 3 10 3 - C2 / III 7 0 10 3 5 14 / 10 1 10 10 2 5 14 / 10 1 10 10 2 5 14 / 10 1 10 10 2 5 14 / 10 1 10 10 2 5 14 / 10 1 10 10 10 10 10 10 10 10 10 10 10 1	GIA / PR Seen: Consistent? : Yes or No	L/Bal. 7 mm LBal 7 mm
CA I REV I REP. I 24 HRS  Date: Person Contacted Vehicle: IN / OUT  Date: Person Contacted The U/C I Chassis frame / Body Structure affected due to collision  Fig. 3 10 3 - C2 / III 7 0 10 3 5 14 / 10 1 10 10 2 5 14 / 10 1 10 10 2 5 14 / 10 1 10 10 2 5 14 / 10 1 10 10 2 5 14 / 10 1 10 10 10 10 10 10 10 10 10 10 10 1	Est Repairs: days Res.: Yes or No	DOA 17/12/17 DOI 19/12/17
Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision  Fig. 3 10 3 - CC3 11 3 0003 94 / 10 000	Lum Sum: % 3 Val: Yes or No	
Date / Time   Action / Instruction   Action / Instruction   SHC   35103 - CC3 / TILL TOURSSH / 101003SH / 1010003SH /	CA / REV / REP. / 24 HRS	
Date / Time Action / Instruction  # SHC 36103 - (C3/TIL) 7000384 /10106382 Web no Bything ZNC SFH 8613R - X  21/12/17 Confirmed Life \$1000/2 Page (Red: 2823:58: 43%)  RECEIVED 2 2 000 2017  Days Of Repair: 2  Resurvey No. of Trip:   Survey Fee (60)  Transportation  Add Fee:   Site Insp (5)   1 5-75 59    Interview   S   1 5-75 59    Report Format:   1 1000    Report Format:   1 1000    West and S		11/001
PSHC 36107 - CC3/III 7000394/10106381 Veh no Beffley Inc SFH 8613R - X  21/12/17 Confirmed L/s \$1000/ 2 Pers (Red: 2823.58: +30%)  RECEIVED 2 2 880 2017  Confirme File Pass 102 Preli. Report Days Of Repair: 2  10 12 Preli. Report Resurvey No. of Trip: Survey Fee Tripsportation  Add Fee: Site Insp (\$ 1.5+P5.59  Interview S Press 25  Report Format:  Lump Surf / I.B. 1: / S 1000  Vies 1 3 1000  Vies 1 3 1000		THE OIC I Chassis frame I Body Structure affected due to collision
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Add Fee:   Site Insp (\$	Cate/Time File Pass to? : Preli. Report	Days Of Repair: 2
Add Fee: Site Insp. (\$ 1_s-=s_s)  Report Format :	DR MIST Final Report	
Interview   \$   Proces   \$   59	was the receptors	
Report Format : Technolas \$ Vestion = \$	A	processory (Control of the Control o
Lump \$um / I.B.It (\$ 1000	Panad Farmet	
	2	Lance Company
1716	1000	

NS/2NC17024068/KHb22

Kalvin



# **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933







TUC	INCOME INSURA	NCE CO-OPERATIVE LTD	Ref:	NS/INC1702406	8/K1tb
3 BR 05-0 8955		NION HOUSESINGAPORE	Date:	19-12-2017 INC4	
9.149		Policy Particulars	:- THIR	D PARTY CLAIM	
•	Insured Veh.	SFH 8613R	_	nspected	SHC 3610J
		5079883681-01	Cover	age (\$)	0.00
_	Claim No.		Exces	ss (\$)	0.00
	Assign From		Assig	n Date	19/12/2017
2.	al Element Annie	Vehicle Part	iculars	& Condition	and the second
	Make & Model	Steph Soc. Sold-Congress	c.c		0
	Engine No.	HIDDEN	Year	of Reg.	
	Chassis No.		Colou	ır	
	Odometer	-	Steer	ing	
	Brakes		Modi	fication	
	General				
3.	CARLES SALE	Condi	tions of	Tyres	
		Size	Make		Balance
	R/H Front Tyre				mm
	L/H Front Tyre				mm
	R/H Rear Tyre				mm
	L/H Rear Tyre				mm
4.		Descrip	tion of I	Damages	
		Cone	ral Infor	mation	
5.	Accident Date	17/12/2017	SALES CONTRACTOR	ection Date	19/12/2017
		COMFORTDELGRO ENGINE			
	Survey held at	59 LOYANG DRIVE SINGAPORE 508969			
5a.	Gadenhaus		Remark		
0.0.	A)THE INSPECTION	ON WAS CONDUCTED ON A"V CE TO YOUR INSTRUCTIONS.	VITHOUT WE HAY	PREJUDICE" BAS VE NOT AUTHORIS	IS. ED REPAIRS.

TP Claims against NTUC Income: Follow-Through Survey

Date: 21/12/2017

					Date of Assistant	Time of Accident	Fstimate	Tentative repair cost
		(Amnany Owner / Tayi Company)	Claimant Vehicle No.	Income Venicie No.		IIIIe of accident		
S	No Income Reference	Cidillatic Cwilci / Idvi company			The same and the same of	01.0	20 C37 CC	TOTAL LOSS
2		MOITATOOGSMANTTOOM	CHC 2497P	SIO 2300P	10/12/2017	7:20	50.755,05	2007
1	MAT/0974613-001	COMPORT INANSPORTATION		2000			000000	CASO 00
+	100 040 100 / 14	TO THE REAL PROPERTY.	GUN ADA 3D	GBC 7893D	16/12/2017	23:35	5 13,720.90	20.004/0
	LAAT /0074112 007	COMFORT IKANSPORTATION	37454 0116	2000			00 000	225 00
7	MI/09/4115 002			1100000	7100/01/21	17.00	2 447.80	35.00
-	000 40 1000	NOITATANCPORTATION	SHC 3973L	PC 983H	11/17/707/	20.14	-	
3	MT/0974165-002	COMPONI INGINION	. 1		the state of the state of	00.00	2 200 26	1 950 00 1
1		MOITATOOGGIAAGT TOOGG	CHR A019R	SKC 8233X	16/12/201/	17:70	3,303.30	1
V	MAT/0973989-007	COMPORT I KANSPORTATION				4.4	OT CCC C	100000
	200000000000000000000000000000000000000		10000000	CCU 96120	17/12/2017	16:15	5,823.38	DO:000'T
	COO OCCATOOLTE	COMFORT TRANSPORTATION	SHC 39TO	SELI OUTSI	11/14/14			
^	MI/03/4529-002							

eBaoTech						1			Gener	alClaim
Hello, NAC_PAYA_UBI_800	601	100000000000000000000000000000000000000	371.50904	CALL DELICATION	Contractor of the Contractor o	3.1	Change Lar	nguage	· Change Password	Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Accid	dent	17/12	/2017 17:37	
	Vehicle	No.(For Motor)	5FH8613R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5079883681-01	GUAN PENG HARDWARE PTE LTD	198904632D	GPC	Third Party, Fire & Theft	SFH8613R	SFH8613R	08/05/2017	28/04/2018
					- 1	Continue				

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid.	ACCIDENT STATEMENT
	18/12/2017 11:35
	17/12/2017 16:15
	SLIP RD FROM JURONG WEST ST 64 TWDS BOON LAY WAY
Exact Location of Accident	SINGAPORE
Country/State of Loss	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC3610J
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
	199303821R
Co Reg No Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	- 10 4 10 10 10 10 4 10 10 10 10 10 10 10 10 10 10 10 10 10
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Napalin las such de	HYOSUNG
Manufacturer	140
Model	
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-1572701MFSH
Cover Note Number	
Driver	
Name of Driver	LIM BENG CHUANG ANTHONY
NRIC No	S7111881I

NRIC No 03/04/1971 Date Of Birth OUTDOOR Occupation 28/08/1990 Date Of Driving Pass

27 YEARS AND 3 MONTHS **Driving Experience** 

MALE Gender

Mobile Number Fax Number Contact Number

NOEMAIL EMail Address

Address

BLK 484A CHOA CHU KANG AVENUE 5 #16-18

Postcode

681484

Was driver an employee of the Insured's Company NO

OTHER - TAXI DRIVER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFH8613R

Vehicle Make/Model/Colour

**Details Of Properties** 

NG MIN LUN

NRIC/Passport Number

S8871102E

Contact Number

Name of Driver

83998103

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

FRT

No. Of Passenger (Including Driver)

**Details of Witness** 

Nature Of Damage

Name

Phone Number

**Email Address** 

**DETAILS OF INJURED PERSON 1** 

Name

LIM BENG CHUANG ANTHONY

Page 2 of 18

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

46

PAIN TO NECK AND SHOULDER.

SHC3610J

YES

NO

#### Sketch Plan Pg. 1

#### IMPORTANT NOTICE

· .

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMPLET TRANSPORTATION PIE LID CO REG NO. 199303321R

> Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC ShetchPlanForm\_V3

4 4

## Sketch Plan Pg. 2

ETCH PLAN		
Bot	DAY ANY UDAY	
		A/ SNC 36/07
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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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707	111111111111111111111111111111111111111	P MG MIN LUND
	DLIP PD JAN VI	116 888711008
	FROM	HP 85498100
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AR	per attoched.	
113		
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	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	500 - 500	
1016	TOTAL SECTION	
	- W	
DECLARATION		0257 NO #
I/We declare the foregoing particulars a	re true in every respect.	1.1.
COST TRANSPORTATION PTE LT	D Asi	18/10/17 6
FORT TRANSPORTATION PTE LT	de ver	1, V
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name: NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

#### Sketch Plan Pg. 3

Describe Circumstances of the Accident	
On 17 Dec 2017 at about 16:15 hrs I was slowly driving along a Slip Rd from Jurong We	st St 64
neading towards the direction of Boon Lay Way.	
As I approached the give way lines I slowed down and stopped at the give way lines to	give
way to the traffic from my right.	
Suddenly a few seconds later a Mitsubishi car SFH8613R came from behind collided or	nto the
Rear left Portion of my stationary taxi.	
02 passengers on board my taxi. No injury at the point of the accident. However after	the
accident I felt pain to my neck and shoulder. I will consult a Doctor later on.	

#### Declaration

I/We declare the foregoing particulars are true in every respect.

CO-REG NO 192202331R

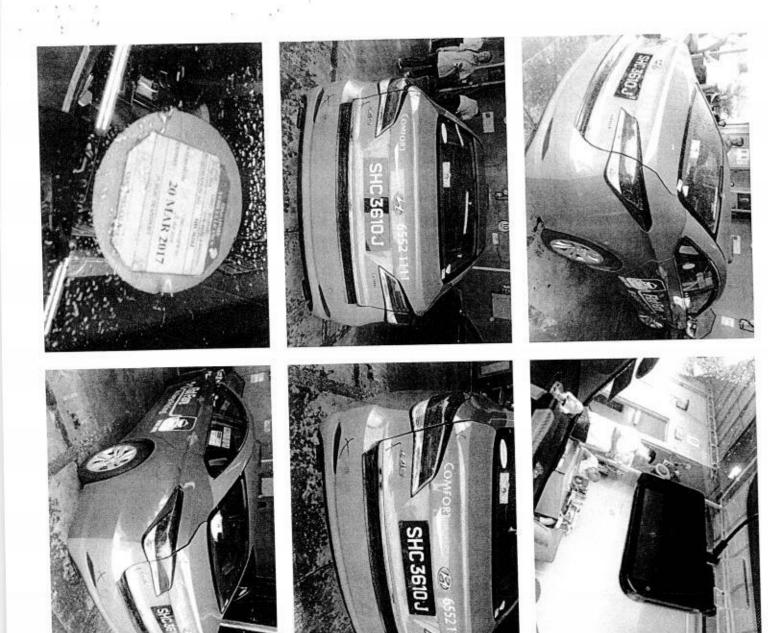
Policyholder's Signature/Date &

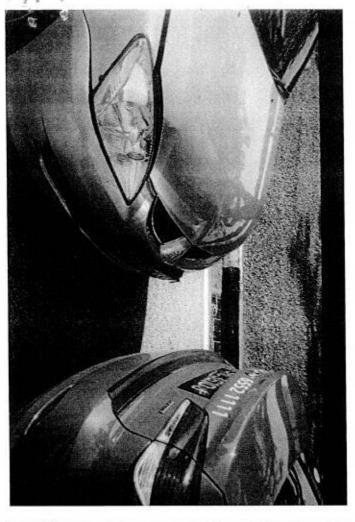
Time

Driver's Signature(if driver is not the policyholder)/Date

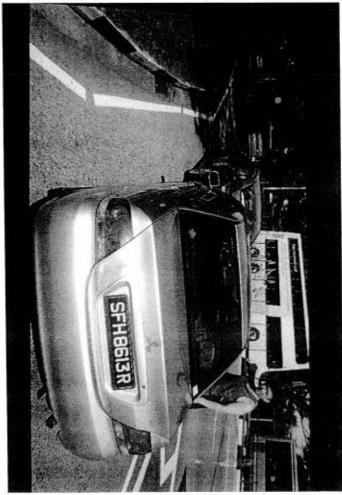
& Time

Witnessed by Reporting Centre Personnel











## COMFORTDELGRO ENGINEERING

Our	Job Re	INO	. 305	098735			ENGINEERING	
Date	2		:20	.12,17		ComfortDelGro Engineering Pte L 69 Loyang Drive Singapore 5089		
INA	ALIZAT	ON F	ORM			Fax: 65	546 8156	
o	: _			LKK		Fax:		
Attn	:			KALVIN				
/ehi	cle Reg	No.	: SHC3	610J		ate of Accident :	17/12/2017	
			An areas	1000000		ned vehicle are as		
						ted venicle are as		
	Their	epair	ob shall bill	to:	NTUC	***	SFH8613R	
	The f	inalize	ed amount si	hall be:		turi.		
	(a)	Spar	e Parts afte	r List discount			2	
	(b)	Labo	ur Charges		1	##		
		Tota	I for Part-B	y-Part Repair C	ost			
	101	Lum	B	- 66 V L L L				
	(c.)	Total	for Lumpsu	r (if applicable) ım repair cost af	ter Less: 20	%	\$1,000.00	
		Fina	l Lumpsum	Repair cost	V-12-10-10-10-10-10-10-10-10-10-10-10-10-10-			
	We st	hall tre		d for repairs: ve amount as C		0750 B	no reply from you	
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## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO: SHC 3610J

MAKE

DATE 18/12/2017 11:55

Qty	Parts Description/ Labour	Type	Unit P	rice	A	mount
	Rear Bumper Juhan				\$	603.60
	Rear Bumper Reinforcement				S	504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		S	180.00	\$	360.00
	Rear Bumper Side Bracket		1,590		\$	49.00
	Rear Bumper Clips				S	22.00
	Rear Bumper Sponge				S	143.40
	Rear Bumper Under Cover 😕				\$	225.00
	Rear Bumper Reflector Lamp (LH)				\$	32.00
	Rear Bumper Reflector Lamp (LH)				S	592.30
	Rear Panel X St.				S	57.70
	Rear Panel Garnish × 500				S	495.50
	Rear Panel Lower Panel 🔀 📶				à	493.30
	SUB TOTAL				\$	3,084.85
	LESS 20%				\$	616.97
	DISCOUNTED TOTAL		li,		\$	2,467.88
	Rear Bumper Reverse Sensor  Rear Bumper Rubber Mat  Rear Fonder Advertisement Logo (LH/RH)				s	135.70
	Rear Bumper Reverse Sensor				s	50.00
	Rear Bumper Rubber Mat		s	100.00	S	200.00
	Rear Fender Advertisement Logo (LH/RH)		J.	100.00	-	_00.00
					s	385.70
	Labour Charge					20-
	Panel Beating				S	350.00
	Spray Painting Charge				S	400.00
	Wiring Charge	1			\$	59.00
	Tuff Kote				S	50.00
	R/Refix Reverse Sensor the Repair	er of the fo	s hence notify llowing: sopy painting		S	12 <del>0.00</del>
	TOTAL LABOUR	amaged part			S	970.00
	kalar (1114 ESTIMATE TOTAL	survey is on a	Without Prejudic	e" basis	\$	3,823.58
	ESTIMATE TOTAL  Supplement	/ North S. IT	his be resurveyed		-	0,020100
	TOTAL LABOUR Parts prices Parts prices Third party ESTIMATE TOTAL Supplement is subject if Acknowly Signatu = Date:	hal approva	al from Pisurance (	Ompany		
	2 Pay c Signature Date:					
	1/5		1			
	111111111111111111111111111111111111111		1		1	***
	This is an initial estimate based on a visual inspection of t	the above	vehicle. The f	final repair	quai	ntum will

# OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Date/Time: 18.12.2017 12:18

Page : 1

	JOB CARD Sales Order:	JC NO.305098735
COMPORT TRANSPORMATION DESCRIPTION	REGN NO. SHC3610J	MILEAGE
OMERNO 7010045 SSS 383 SIN MING DRIVE	MAKE: HYUNDAI	FUELF
Singapore SINGAPORE 575717	MODEL 1-40	3.12.2017 10:40
(R) 03300733 (O)	YR OF MANU. 21.03.2014	TARGET DATE
DUNT CARD NO.	CHASSIS CODE KMHLB41UMEU052670	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 17.12.2017 ATURE: 3P 17.12.17

/NO

LABOR CODE

DESCRIPTION

CKED & PASSED OUT BY:			
SERVICE ADVISO	PR	-	CUSTOMER'S SIGNATURE
rledgement Slip		Exit Pass	
No.: SHC3610J	JU NTUC LKK	Vehicle No.: SHC3610J	
of Service Advisor	Signature/Date	Name of Service Advisor  To be kept by Security Guard	Date



## **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTL	IC INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref: NS/INC	17024068/K1tbe2
		D UNION HOUSESINGAPORE	Date: 28-12-2 Code: INC4	017
1.		Policy Particulars	:- THIRD PARTY	CLAIM
	Insured Veh.	SFH 8613R	Veh. Inspected	SHC 3610J
	Policy No.	5079883681-01	Coverage (\$)	0.00
	Claim No.	MT/0974329-002	Excess (\$)	0.00
	Assign From		Assign Date	19/12/2017
2.		Vehicle Parti	culars & Condition	on
	Make & Model	HYUNDAI 140	c.c	1685
	Engine No.	HIDDEN	Year of Reg.	2014
	Chassis No.	KMHLB41UMEU052670	Colour	BLUE
	Odometer	8	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	FAIR		
3.		Condit	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
	L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
	R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
	L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
4.		Descripti	on of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE RE ETAILS.	AR N/S PORTION.	
5.		Genera	I Information	
	Accident Date	17/12/2017	Inspection Date	19/12/2017
	Survey held at	COMFORTDELGRO ENGINEER 59 LOYANG DRIVE SINGAPORE 508969	RING PTE LTD	
5a.		R	emarks	
	A)THE INSPECTION B)IN ACCORDANG	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT PREJUDICE E HAVE NOT AUT	E" BASIS. HORISED REPAIRS.
5b.		Estimate	Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	2 Working	ng Days



#### National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315



Page No.:1 of

## Reg. No: 52983356E GST Reg. No. 20-0405911-H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	15
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	
1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	
1	REAR BUMPER REFLECTOR LAMP (LH)	SERVICEABLE	32.00	-
1	REAR PANEL	SERVICEABLE	592.30	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	SERVICEABLE	495.50	
	LESS 20% DISCOUNT		-616.97	-125.12
	SPECIAL NETT ITEMS		2,467.88	500.48
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00 385.70
	LABOUR		365.70	365.70
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	180.00
			0.5	
			970.00	400.00
	GRAND TOTAL	-	3,823.58	1,286.18
	THE WASHEST OF THE SERVICE		3,1-1.00	.,,===,,,

Report Ref No. NS/INC17024068/K1tbe2





Report Ref No. NS/INC17024068/K1tbe2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

L

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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